

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
UTILIZATION REVIEW MANUAL
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: E 10.04

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SPECIALTY HEALTH SERVICES REQUESTS

Effective Date: 01/27/14

PURPOSE: To establish a standardized process for the facility physician, dentist, or physician extender to request specialty health service evaluation, treatment and/or diagnostic testing and for those requests to be reviewed utilizing physician-written guidelines where such guidelines exist.

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) Utilization Review (**UR**) staff, Clinical Director, Dental Services Coordinator, and/or the Physician UR Panel shall pre-authorize all priority 1 and priority 2 referrals for specialty health care before an appointment is scheduled. Central Office UR shall retrospectively review all referrals for emergency health care and/or hospitalization.

For acute medical conditions (emergencies) follow CMHC policy A 8.03, Transfers of Inmates with Acute Medical Conditions.

DEFINITION: Specialty Health Services: those services requiring approval and/or certification from Utilization Review include:

- ☐ Off-site, Out-Patient Health Services
- ☐ Hemodialysis
- ☐ Prostheses & Orthotics: Repair, Adjustment, Replacement or supplies related to use of such as stump stockings, gel liners
- ☐ Wound Vacs
- ☐ Specialty Equipment Purchase/Rental
 - ☐ CPAP
 - ☐ APAP
 - ☐ Hearing aids
- ☐ Diabetic shoes
- ☐ Patient-Specific Wheelchairs
- ☐ Designated On-Site Specialty Services:
 - ☐ Surgical Clinic
 - ☐ Podiatry Clinic
 - ☐ Orthopedic Clinic
- ☐ Emergency Room
- ☐ Acute Inpatient Hospitalizations

Physician UR Panel: three CMHC physicians.

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Facility UR Case Manager (URCM): a designated unit staff member who serves as the primary contact for the unit's UR activities. (Appendix B: Utilization Review Case Manager Responsibilities)

Priority 1 request: refers to those conditions that warrant emergency care and/or inpatient admission to an acute health care facility

Priority 2 request: refers to those conditions for which specialty health service evaluation, treatment and/or diagnostic testing is requested within 1 week and the time interval to submit through the standard utilization review procedures may compromise care. These conditions do not require emergency room evaluation.

Priority 3 request: refers to those conditions for which specialty health services evaluation, treatment and/or diagnostic testing is requested to occur within 3 weeks.

Priority 4 request: refers to those conditions for which specialty health services evaluation, treatment and/or diagnostic testing is requested to occur within 2 months.

Priority 5 request: to those conditions for which specialty health services evaluation, treatment and/or diagnostic testing is requested to occur between 2 and 13 months.

Facility Based Utilization Review Case Manager (URCM) – serves as the primary contact for the unit's UR activities. The facility will designate a back-up URCM to cover in the absence of the assigned URCM. (See policy E10.04 Addendum, Facility Based Utilization Review Case Manager (URCM) Responsibilities).

PROCEDURE: SPECIALTY HEALTH SERVICES REQUESTFacility Based Requests

1. Prior to initiating a utilization review request the facility practitioner shall examine the patient to identify that there is a potential need for a referral for specialty health services for evaluation, treatment and/or diagnostic testing that is unavailable within the facility-based CMHC units.
2. The facility practitioner or designee shall submit a UR request using the UR application including but not limited to the documentation of the current, pertinent, objective examination findings. Copies of pertinent supporting documentation (if not already available via the electronic Lifetime Clinical Record –LCR) to assist in determining the medical necessity and appropriateness of the request. Such documentation may include, but need

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not be limited to: laboratory data, radiology reports, consultation reports, community treatment records, and medication administration records.

Special Considerations:

Priority 1 requests: are considered retrospective and will be reviewed by the central office after services have been rendered.

Priority 2 requests: In addition to the above the facility prescriber shall contact the central office Medical Director/Designee to notify them of the presence of a UR request submission that requires immediate review. Once a priority 2 request has been submitted the inmate shall be placed on a "Medical Hold" until the appointment is completed. The URCM must ensure this is entered in the RT system as well as ensuring the appropriate Counselor Supervisor for that inmate has been notified.

Priority 3-5 requests: shall be reviewed in the next scheduled MD panel meeting.

3. A copy of the request shall be filed in the inmate's health record at the facility.
4. The URCM shall maintain a Utilization Review log of the requests indicating Date Initiated by Provider, Provider Name, Type of Service Requested, Date Forwarded to Utilization Review, Date Utilization Review Determination Received at the facility, Date Determination Made, and Date of Scheduled Appointment. In the event the inmate is transferred prior to receipt of the Utilization Review Determination and/or Appointment, the facility shall also record the transfer date in the log, and on **Form HR 005, Transfer Summary**, as well as notify the receiving facility's URCM of the pending determination/appointment.
5. The facility practitioner will review and discuss the consult after the appointment occurs and make arrangements for any testing, services, specialty consultations (via the UR application) that are appropriate.

Non-Facility Based Requests

1. Central Office UR Nurses shall review all Specialty Consultations and/or diagnostic testing results for pertinent findings and/or further treatment recommendations.
2. UR Nurses may also receive and review utilization review requests from other non-facility sources.

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3. Central Office UR Nurse may at the discretion of the Medical Director/Designee submit a UR on behalf of the facility under special circumstances.

UTILIZATION REVIEW PROCESS

1. Priority 2 cases shall be reviewed no later than the following business day for authorization. Priority 3 and higher cases shall be reviewed by the medical review panel.
2. The Dental Services Coordinator or designee shall review all requests for dental and oral maxillo facial services.
3. The Director of Mental Health and Psychiatry or designee shall review all requests for mental health related services.
4. The facility practitioner shall contact the Clinical Director, the Dental Services Coordinator, the Operational Administrator of UR or designee to request priority review of all priority 2.
5. The Central Office UR nurses shall conduct a preliminary review of all other requests-against established standards to determine the clinical necessity and appropriateness of the request.
6. The Central Office UR Department shall maintain records of all utilization review activity and file completed consults accordingly.

MEDICAL PANEL DETERMINATIONS

1. "INSUFFICIENT CLINICAL INFORMATION"
 - a. For routine requests with insufficient clinical information and/or supporting documentation to determine medical necessity the UR will be categorized as "central office requires more information", or "UR MD panel requires more information from the facility". The URCM will follow the determinations weekly and shall collaborate with the facility practitioner, community provider and/or the patient to obtain the required information and ensure that the UR is placed in an "updated" state using the UR application's update feature for future review by the MD panel.
 - b. The Central Office UR Nurse/Designee shall indicate the "due date" for the additional information to be forwarded by the facility practitioner. The tracking and review of the request shall not commence until UR receives the additional information. If a response is not received by the due date, the Health Services Administrator will be notified.

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The URCM nurse shall provide the health services administrators with a monthly list of all outstanding requests for additional information/due dates.

2. "APPROVED"

- a. Requests meeting established clinical guidelines shall be approved by the CMHC Medical Director, UR nurses, Dental Services Coordinator, Director of Mental Health and Psychiatry or Physician UR Panel.
- b. On occasion, the Medical Director, Director of Mental Health and Psychiatry, or the Dental Services Coordinator may approve a request based upon telephonic or electronic communications for which a formal UR request has not yet been generated. On those occasions, the Medical Director, Director of Mental Health and Psychiatry or the Dental Services Coordinator shall submit a UR using the UR Application.
- c. A Computer-Generated Patient Report of approval shall be faxed or emailed to the designated URCM at the facility housing the inmate at the time of completion of the review.
- d. The URCM and/or facility practitioner shall discuss the "approved" request with the inmate and document the discussion on the Computer Generated Patient Report within 10 business days of the receipt of the determination. The contents of the discussion shall be documented in the health record on **Form HR 401, Clinical Record** and both the inmate and the practitioner/URCM shall sign and date the Computer Generated Patient Report (Approval). The signed Computer Generated Report (Approval) shall be filed in the health record.
- e. Inmates who have any open Utilization Review cases shall be placed on a "Medical Hold" until their case(s) is/are closed. The URCM shall ensure that the RT system is updated and that the Counselor Supervisor for that inmate has been made aware of the "Medical Hold" so as to avoid untimely Halfway House/Program transfers.

UR REVIEW PANEL

- a. CMHC shall schedule weekly physician panel meetings to conduct utilization review of all pending specialty service requests.
- b. The Central Office UR nurses and/or Medical Director makes an initial determination that the established standards do not appear to be met. These requests shall be forwarded to the UR Review Panel.
(Addendum: Facility Based Utilization Review Case Manager (URCM) Responsibilities)

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- c. The Physician UR Panel shall meet weekly to review all pending determinations. The Physician UR Panel shall note the date of review, documenting any pertinent comments and the decision. If “approved”, the Panel shall indicate the scheduling priority.

If the Panel misses a weekly meeting due to holidays or other scheduling conflicts, the CMHC Medical Director or designee will review the list of pending determinations for those that might need more rapid attention. The identified requests will be referred to the Medical Director or designee who will either approve such requests or allow their review to wait until the next scheduled Panel meeting.

- c. If “Approved” by the Physician UR Panel, the Central Office UR Department designee shall enter that determination into the UR application.
- d. If “Not Approved”, the Physician UR Review Panel shall document the reason the request was not approved and offer alternative interventions, if any, for management. The Medical Director or Designee shall enter this information into the UR application.
- e. The facility practitioner must discuss the outcome of the Physician UR Panel decision with the inmate when a request has not been approved, and document the discussion on the computer generated UR Request Response within 10 business days of the receipt of the UR determination. The contents of the discussion shall be documented in the health record on **Form HR 401, Clinical Record**. The inmate and the practitioner shall sign and date the UR Request Response prior to filing in the health record.

4. APPEAL PROCESS

- a. The facility practitioner or inmate may initiate an appeal within 14 business days of the receipt of the UR Request Response if he/she believes the decision of “not approved” is unwarranted.
- b. The facility practitioner shall indicate in the UR Application that the UR is being appealed by using the “appeal decision” link provided in the UR request. The facility clinician must indicate if this appeal was at the request of the inmate. (Note the “appeal decision link” will only be visible to the clinician within the UR application for 14 days.
- c. The CDOC Clinical Director shall decide the outcome and indicate such using the UR application option “response to appeal” within 14 business days of notification of the Appeal. The outcome shall be considered the final determination and the case shall be closed.

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- d. The facility practitioner shall discuss the outcome of the UR Appeal determination with the inmate and document the discussion on the UR Request Response to Appeal within 10 business days of the receipt of the Appeal determination. The contents of the discussion shall be documented in the health record on **Form HR 401, Clinical Record**. The inmate and the clinician shall sign and date the UR Request Response to Appeal prior to its filing in the health record.

SCHEDULING

The Central Office UR Scheduler shall schedule or request scheduling for all non-emergent off-site, outpatient specialty services appointments to be conducted at UCHC. The Central Office UR Department shall retrospectively process all emergency room referrals and acute hospitalizations. Authorization for ambulance transfers for emergency treatment will not be retrospectively approved if the ambulance transfer unless it ordered by a CMHC prescriber or the CDOC Medical Director.

Approved appointments shall be triaged and scheduling requested to allow the service to be completed by the following. The guidelines for the scheduling of Priority 2 through 5 appointments begins on the actual day of the "Approval"

- | | | |
|----|--|-------------------------|
| 1. | Priority 1 (<u>Emergency Room &/or Hospitalization</u>): | |
| | Schedule: | At time of request |
| 2. | Priority 2: | |
| | Schedule: | within 1 week |
| 3. | Priority 3: | |
| | Schedule: | within 3 weeks |
| 4. | Priority 4: | |
| | Schedule: | within 2 months |
| 5. | Priority 5: | |
| | Schedule: | between 2 and 13 months |

Above schedule represents CMHC's goal for timing of specialty care visits. It is understood that unforeseen events may intervene to make it impossible to meet these goals. Such events include, but are not limited to pre-exemption of service to accommodate patients with more urgent clinical needs, illness or absence of specialty provider, lack of availability of clinic space offered by UCHC, equipment breakdowns, inclement weather, DOC facility lockdowns, transportation issues, late arrivals for appointments or inmate refusal of service.

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REFERENCES: Alguire, P. (Ed). (2009). MKSAP ®15. (General Internal Medicine) .
Philadelphia, PA: ACP.
Ferri, F. (2011). Ferri's Clinical Advisor. Philadelphia, PA: Elsevier Mosby.
<https://www.Epocrates.com>
<https://pier.acponline.org>

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES**

NUMBER: E 10.04 Specialty Health Services Request - ADDENDUM

**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

Purpose:

UConn Health, Correctional Managed Health Care (**CMHC**) Facility Based Utilization Review Case Manager shall ensure inmates receive specialty healthcare services in a timely manner. The URCM shall ensure that continuity of care is provided while incarcerated and in preparation for discharge so as to maximize the healthcare benefit of services provided.

The URCM:

- Is an active member of the healthcare team
- Serves as the responsible person at a given facility to ensure that the Utilization Review process functions smoothly
- Advocates for the patient during the Utilization Review process by utilizing nursing and general healthcare knowledge
- Ensures that the highest quality of healthcare is provided
- Facilitates the delivery of health services to inmates with pre-certified off site medical/dental appointments
- Acts as a liaison with other disciplines and individuals for the purpose of ensuring quality of care for inmates requiring off site healthcare services
- Uses an approved tracking system to monitor all facets of the UR process
- Utilizes the UR application to verify information, identify appointments, transportation lists, consultant information and requests for more information
- Receives case management training and UR program oversight and support from Central Office and QI.

Responsibilities:

- 1) Receives daily on site supervision from the facility nursing supervisor(s). Receives UR Program supervision and support through facility supervisors and Central Office UR physician/designees.
 - i) Notifies UR Central Office of planned time off so that coverage may be maintained. Primary UR facility nurse works cooperatively with facility UR back-up nurse to maintain lines of communication.

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**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

- ii) Communicates with Director of QI and central UR unit to ensure compliance and to resolve questions regarding application of policies or interpretations of documents/procedures.
- iii) Communicates with UR facility nurse peers to ensure successful transfer of inmates in the UR process and maintenance of continuity of care.
- iv) Meets with inmates to explain UR process, preparation, implementation and required follow up. Educates inmate regarding the importance of keeping appointments and following recommendations from consultants and facility prescribers.
- v) Explains the actual diagnostics involved in the consultation and educates the inmates regarding their role in cooperation with the consultants.
- 2) Participates in mandatory and on-going UR and case management education to keep abreast of developments in health care trends. Attends central UR nurse meetings
- 3) Maintains the confidentiality of all Health related information per CMHC policies.
- 4) Communicate with central office UR when advocating for patient care.
- 5) Communicate with Med-Surg 5 at JDH and CMHC scheduler as appropriate.
 - a) Document communications in the inmate health record.
- 6) Participates in facility QI audits of UR process
- 7) Responds with corrective action(s) to facility QI audits.

The Health Record:

- 1) Files appropriate UR documents in the health record and documents on-going UR activities as required. Adheres to CMHC policy for documentation.
 - i) Obtain a properly executed release of information on. **Form HR 303, Authorization for Release of Information**, for any inmate with community care – in order to secure the inmate's health information from a community health care provider (if not previously obtained). Monitor that a timely response has been obtained. Consults with facility prescriber to determine if recent community laboratory studies may be acceptable for this admission or need to be repeated.
- 2) Document any telephone conversations of collaborations with prescribers or nursing staff in the health record as they relate to UR activities.
 - a) Penmanship counts toward accuracy
- 3) Documents the UR Request in the health record on the **Clinical Record Form HR 401**, noting the date and service requested. *(Do not use UR action number in place of consultation services requested.)*
- 4) Maintains a complete profile of UR activities in the inmate health record.

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**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

- a) Obtains the offenders signed refusal on form **HR 301 Refusal of Health Services**, in the event that an inmate refuses prescribed medication and or treatment. Ensures that inmate understands the ramifications of refusing services, treatments, medications.
- 5) Inmates who have any open UR cases shall be placed on a "Medical Hold" until their cases are closed. The URCM shall ensure that the RT system is updated and that the Counselor Supervisor for that inmate has been made aware of the "Medical Hold" so as to avoid untimely Halfway House/Program transfers

Tickler/Tracking System at the Facility Level

- 1) Maintains tickler/tracking system for all UR activities and reports
 - a) May be hard copy or automated. Must be able to be retained for future reference.
 - b) All tickler/tracking systems to be approved by central UR and will include at a minimum:
- 2) Components of the tickler/tracking system:
 - a) Date of UR Request (prescriber to electronically forward interactive form to central UR)
 - b) Name of facility prescriber initiating the UR request
 - c) Category of requested services (cardiac, GI, ortho, etc.)
 - c) Date UR request forwarded to central office UR
 - d) Anticipated time of completion (within 10 days, within 30 days, over 60 days)
 - e) Any comments that may be pertinent to the request or process (inmate security issues; impaired ADLs.; ADA issues; medication schedule)
 - f) **Note:** identify a date when you expect a response from central UR Committee (next meeting date). This way if you do not hear from the UR Committee you know when to start inquiring about the process.
 - g) UR Response date along with approval, non approval, more information requested
 - h) Anticipated scheduling date (to be replaced with actual date when known).
 - i) Completion date
 - j) Receipt of consultation reports date
 - k) Date forwarded to prescriber for review and actual date reviewed by
 - l) Prescriber
 - m) Recommendations and date recommendations addressed

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**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

Emergency Room Trips

- 1) Enters UR information on emergency room trips into the central UR system, as well as any hospital admission that follow from those trips.
 - a. Initiates any follow-up UR activities recommended by the emergency room prescriber after communicating with the facility prescriber or on-call for determination of appropriateness of the emergency room's recommendations
 - b. Fax or e-mail copy of ER visit documented to central office UR
- 2) Entered retrospectively the following business day after service provided
- 3) Review W-10 and any discharge documents returned with inmate
- 4) Facility to submit all UR requests relevant to this ER visit
 - a. Utilize on-call if necessary for expedited request
 - b. Call central office with expedited requests in order to bypass UR Panel

Hospital Discharges Readmissions to the Facility

- 1) Reviews W-10 and discharge summary.
- 2) Ensures paperwork is faxed to central office within 24 hours (or 1 business day) following discharge
- 3) Communicates with the prescriber to understand which services he/she desires to be provided and enters this communication into the retrospective so central office is apprised of the update
- 4) Reviews the UR system to make sure recommendations found on W-10 and D/C summary are entered by central office.

Utilization Management Decisions

- 1) Enters the UR decision (approved/not approved/more information requested) into facility tickler system along with date of UR decision.
- 2) Approvals:
 - a) Enter date and any information returned by UR
 - b) Note anticipated scheduling date
 - c) For UR approvals: URCM shall (prescriber may meet with inmate but is not required to do so this is a facility preference) meet/notify inmate to notify him/her of the approval and discuss time/appointment for patient teaching
- 3) Non-approvals:
 - a) Enter date
 - b) Reason for denial

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- c) Recommendation for follow-up
- d) Forward to prescriber for review with inmate
- e) Provide prescriber copy of UR Response that was not approved for inmate signature (Note: URCM may not hand down a UR Response that is not approved to an inmate this MUST be done by a prescriber)
- 4) Requests for additional information
 - a) Enter date of UR response
 - b) Enter items requested
 - c) Forward to prescriber for review
 - d) Track prescriber response and orders to comply with requested items
 - e) Ensure prescriber has converted UR to an "updated request" status
 - f) Forward completed items to UR for review, noting date
 - g) Look for UR response to additional information
 - h) Review pended appt lists weekly to ensure that requests are on list for minimal amount of time

Daily Activities

- 1) Daily review of previous day transfers by reviewing the facility transfer list, as well as any other facility-established referral log. Looks for e-mails from UR nurse peers regarding incoming inmates with URC activities in progress or incomplete follow-up.
- 2) Check UR site for scheduling date (may be anticipated)
- 3) Check the facility communication book daily to identify inmates that were sent to ER or transferred out that may have current UR activity.
- 4) Ensure that any special transportation needs are communicated to UR and appropriate facility individuals.
- 4) Utilizes the "Medical Hold" procedure via the RT to ensure that the inmate does not miss the upcoming activity.
- 5) Notifies the Counselor Supervisor of the "Medical Hold" to prevent any untimely Halfway House transfers.
- 6) For involved cases, collaborate with central UR and facility prescriber to determine if inmate's needs would be best served by transfer to another facility until UR activities have been completed.(e.g. oncology)
 - a) Consider overnight stay in the infirmary if necessary.
- 7) Review UR central appointment list at least at the beginning and end of the day. Identify inmates within your jurisdiction that have scheduled appointments.
 - a) Communicate with UR peers at facilities not on the CTU circuit and prepare to receive the inmate in transfer.(if appropriate)
 - b) Ensure the appropriate paperwork is prepared for the visit.

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- c) Communicate with facility nursing staff to ensure that the scheduled appointment is known to all shifts that will be involved in the preparation and send off of the inmate on the morning of the appointment.
- 8) Gather all required documents to be utilized at the time of the appointments; this includes x-rays, labs, medication records, etc. Preparing the paperwork is a major task in facilitating the completion of the appointment.
 - a) Package the required documents in a manner that complies with HIPPA. Document the inmate name and number on the outside of the envelope/package.
 - b) Pre-surgical work-ups are to be sent to the PEC via fax with a CC to the central office fax within 7-10 days PRIOR to the procedure.
- 9) Ensure that if the inmate requires DOT or pre-op medication prior to transport that facility provisions are in place to administer the medication, or to withhold medications if so ordered by the consultant. Note on the MAR that the inmate will be out of the building for UR activities.
 - a) Ensure that the inmate is appropriately prepared to travel to their appointment.
 - i) Does the inmate require special assistance with mobility (walker, brace, cane, etc.)
 - ii) Does the inmate have clothing appropriate with weather conditions, including shoes
- 10) Review "trip lists" to ensure that appropriate transportation to and from the appointment is scheduled. This list should be reviewed at least at the beginning and end of each day.
- 11) If inmate requires special preparations, such as pre-op or pre-procedure prep orders, discuss with prescriber the need for inpatient placement the evening before the visit.

Morning of UR Appointment

- 1) On the morning of the visit, ensure that the inmate leaves (or has already left earlier) the facility and document such in the health record. Communicate with nursing staff that the inmate is out of the building and that his/her return should be anticipated later in the day.
- 2) Medications for surgical patients:
 - a. **With sip of water**
 - b. Cardiac.HTN, GERD,pulmonary, neuro/seizure
 - c. Exception-ACE inhibitors, ARBs(angiotensin receptor blockers) are held

When the Inmate Returns from the Appointment

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**Facility Based Utilization Review Case Manager (URCM)
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- 1) **All inmates to be seen by medical department prior to returning to general population. Nurse may consider housing inmate in the infirmary overnight if warranted.**
- 2) Secure reports of the consultation, including diagnostic reports, consultation sheets, etc. If diagnostic reports are pending, track to ensure that they are received at the facility, forwarded to the prescriber, and signed. Add any pertinent information to the Health Problem List.
- 3) Review recommendations for follow-up. Start tracking recommendations
- 4) Forward to prescriber for review and ordering of follow-up activities
 - a. Ensure that all recommended follow-up requests have a UR Request form submitted
 - b. Assist with facilitating non-formulary requests if necessary
- 5) Review the information from the consultation and add to Health Problem List if appropriate
- 6) If medications or treatments are recommended ensure that they are ordered and review periodically to identify that nursing staff are completing the treatments.
- 7) If follow-up appointments are required, identify if UR is automatically scheduling or the prescriber needs to submit a second UR request and begin tracking process again
- 8) Give special attention to follow-up visits that are recommended, every x number of months or annually. Enter a projected date that the services need to be schedule so that the follow-up appointment does not get lost. Enter this anticipated date on the UR tracking log.

Day Following Appointment

- 1) On the day following the UR appointment, ensure that the nursing staff has documented the inmate's return to the facility, condition of the inmate upon return, and paperwork accompanying the inmate on return.
 - a) Review this paperwork in detail and if necessary call the inmate down to discuss what transpired during the off-site consultation/diagnostic.
- 2) Document the "completion of appointment" in the tracking log along with recommendation for follow-up visits, medication changes, labs etc.
- 3) Track this recommendation to ensure that the prescriber has addressed each one and either ordered or documented a reason the recommendations were not considered.

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- a) This may include ordering or adjusting medications; instituting another UR Request for follow-up services; or continued treatment/observations at the facility
- b) If medications were recommended, assist in identifying if any of the medications are non-formulary medications and ensure that the prescriber completes the non-formulary request form.

Missed Appointments

- 1) Identify the reasons for not completing the appointment
 - a) Communicate with central UR for additional information.
 - b) Transportation issue (medical vs. custody). Discuss with custody if this was the cause
 - c) Facility issue relating to communication or inmate preparation
- 2) If UR cancelled appointment: start tracking for rescheduled appointment
 - a) Identify rescheduled date and begin tracking process over again

Refusal of Appointment

- 1) Communicate this to prescriber who will speak with the inmate and document the risks of refusal and possible impact on health care
- 2) Obtain a signed refusal form that specifically state the name of the service refused (not just UR)**HR 301 Refusal of Health Services.**
- 3) Communicate this to central UR along with the reason for the refusal.
- 4) For all pre-operative or pre-procedure patients, prior to procedure have patient sign a form that explains the procedure in lay terms and states that he/she is not going to refuse the procedure.

Transfers

- 1) UR activities to be documented on the Inmate Transfer Summary Form
- 2) By reviewing the daily facility transfer list of inmate leaving your facility you can identify potential candidates that based on upcoming UR dates could be withheld from transfer

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- 3) Communicate with URCM at receiving facility to identify that the inmate is being transferred
- 4) Ensure that are hard copy UR documents are in the health record prior to transfer

The Facility Health Service Administrator

- 1) Identify delays or interruptions in appointments and communication with Health Services Administrator
 - a) Provide at least weekly UR updates to the HSA.
- 2) Keep the health service administrator abreast of any UR issues related to Facility issues or delays in the program process
 - a) Delays in completing appointments
 - b) Cancellations by UCHC or UR and anticipated rescheduling dates as they relate to the expected interval between time requested and time completed
 - c) Any problems that may have occurred during transportation
 - d) Any problems that may have occurred off site while waiting for, or during an appointment

Purchasing Products/Equipment through UR

- 1) Need approval for purchase; need purchase order number
- 2) Need receipt of equipment/Item
- 3) Packing slip, along with inmate name and ID number and the purchase number forwarded to central office for payment
- 4) Hanger appointments to be scheduled by URCM

Rental Equipment

- 1) UR approval required
- 2) Rental agreement will conclude when facility notifies central office that equipment has been pick up from the facility

CPAP/BiPAP/APAP

- 1) Purchased through UR but owned by CMHC
 - a) Reusable
 - b) If inmate using a "home" machine and it breaks, the replacement still belongs to CMHC

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**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

- c) All machines to be part of facility inventory management

Inmates discharging from the DOC Prison/Jail with outstanding UR activity

- 1) Inmates who have any open UR cases shall be placed on a "Medical Hold" until their cases are closed. The URCM shall ensure that the RT system is updated and that the Counselor Supervisor for that inmate has been made aware of the "Medical Hold" so as to avoid untimely Halfway House/Program transfers.
- 2) Do not cancel the UR appointment if the inmates is physically still in the system
- 3) Inmates who have any open UR cases shall be placed on a "Medical Hold" until their cases are closed. The URCM shall ensure that the RT system is updated and that the Counselor Supervisor for that inmate has been made aware of the "Medical Hold" so as to avoid untimely Halfway House/Program transfers.
- 4) If you have reason to believe that the inmate with recidivate quickly, discuss with central office UR regarding the pending appointment
- 5) Do not cancel automatically if the UR case is HIGH risk (chemo, radiation). These appointments are scheduled far enough out
- 6) Confer with central office for all high risk URs

Med-Surg 5

- 1) Facility UR nurse to review all UR activities when notified that inmate is being admitted. Scheduled UR action may be able to be accomplished while inmate is an inpatient
- 2) Review with hospital any pending/missed appointments that could be handled while inpatient
- 3) Review on discharge from inpatient any services inmate received while inpatient and compare to pending UR activities. Discuss with central office